

MISC.

FILED ELECTRONICALLY

97070.00

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Professional Firefighters Political Action Committee		Date of This Filing 01/31/2008	<b>RECEIVED AND FILED</b> Date Stamp in the office of the Secretary of the State of California  JAN 31 2008  DEBRA BOWEN Secretary of State  R	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (916) 921-9111	I.D. NUMBER (if applicable) 744058	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento, CA	STATE CA	ZIP CODE 95833		

## Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/30/2008	Firefighters Print & Design, Inc.  Sacramento, CA 95833	In-Kind for Democratic State Central Committee of California, ID#741666	9,007.48	

Reason for Amendment: \_\_\_\_\_

FILED ELECTRONICALLY

FPPC Form 497 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/273-3772)dyo  
W

MD

MISC

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

NAME OF FILER WELLS FARGO & COMPANY AND AFFILIATED ENTITIES		Date of This Filing <u>01/31/2008</u>	<b>RECEIVED AND FILED</b> in the office of the Secretary of the State of California JAN 31 2008 <b>DEBRA BOWEN</b> Secretary of State	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (415) 389-6800	I.D. NUMBER (If applicable) 474029	Report No. <u>LCR07-027</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SAN FRANCISCO, CA	STATE CA	ZIP CODE 94107	No. of Pages <u>1</u>	

## Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/29/2008	YES ON A, PIX OUR PARKS (#1302531)  SAN FRANCISCO, CA 94119	PROPOSITION A  CITY & COUNTY OF SAN FRANCISCO	25,000.00	02/05/2008

- ☒ Secretary of State Political Reform Division  
 FAX: (916) 653-5045  
☒ San Francisco County Registrar of Voters  
 FAX: (415) 554-7344  
☒ L.A. County Registrar/Recorder Campaign Reporting  
 FAX: (562) 651-2548  
☐ FAX: ( )

Reason for Amendment

5459.01 8 2008 Jan

GP

MISC.

1 of 3

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER UNITED ASSOCIATION LOCAL UNION 345 POLITICAL ACTION COMMITTEE		Date of This Filing 1/31/2008	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California JAN 31 2008 <b>DEBRA BOWEN</b> Secretary of State Page 1 of 3	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (626) 357-9345	I.D. NUMBER (if applicable) 890464	Report No. 3		
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. 001 (explain below)		
CITY MONROVIA	STATE CA	ZIP CODE 910164557		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

## \*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment:

Check was voided 1/31/2008

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

NAME OF FILER UNITED ASSOCIATION LOCAL UNION 345 POLITICAL ACTION COMMITTEE		Date of This Filing 1/31/2008	<b>RECEIVED AND</b> Date Stamp in the office of the Secretary of the State of California JAN 31 2008 <b>DEBRA BOWEN</b> Secretary of State Page 2 of 3	<b>CALIFORNIA</b> <b>FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (626) 357-9345	I.D. NUMBER (if applicable) 890484	Report No. 3		
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. 001 (explain below)		
CITY MONROVIA	STATE CA	ZIP CODE 910164557		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1/29/2008	Yes On Proposition S  1303063  Memo Reference: 1	Reduction Of Tax Rate And Modernization Of Communications Users Tax Number: S Jurisdiction: Los Angeles City	\$0.00	2/5/2008

Reason for Amendment:  
Check was voided 1/31/2008

FPPC Form 497 (June 01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

3 of 3

**RECEIVED AND FILED**  
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of the State of California

JAN 31 2008

Memo Reference: 1  
Check was voided 1/31/2008

**DEBRA BOWEN**  
Secretary of State

CP

Misc.

1072

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER  
SEIU Union Local 721 CTW, CLC State & Local

AREA CODE/PHONE NUMBER

2133688660

STREET ADDRESS

I.D. NUMBER (if applicable)

743794

CITY

Los Angeles

STATE

CA

ZIP CODE

90020-0000

Date of  
This Filing

01/31/2008

Report No.

001

☐ Amendment  
to Report No. \_\_\_\_\_  
(explain below)

No. of Pages

2

Date Stamp

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Office of the Secretary of State  
of the State of California

JAN 31 2008

DEBRA BOWEN  
Secretary of State

1 / 2

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R

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

## \*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER SEIU Union Local 721 CTW, CLC State & Local		Date of This Filing _____	<b>RECEIVED AND FILE</b> in the office of the Secretary of State of the State of California  <b>JAN 31 2008</b>  <b>DEBRA BOWEN</b> Secretary of State	For Official Use Only   497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 743794	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/30/2008 	Santa Ana Citizens for Democracy, Yes on Measure D: A Coalition of Law Enforcement Professionals & Community Leaders Standing Up for Govt. Ethics & Reform  Los Angeles CA 90017-0000 ID: 1303011	Teachers, Firefighters, City Ballot: D Dist:	2500.00	02/05/2008
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_

GP

MISC

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Alameda County Republican Central Committee			<b>Date of This Filing</b> 01/31/2008		<b>RECEIVED AND FILED</b> in the office of the Secretary of State Date Stamp 01/31/2008		<b>LATE CONTRIBUTION REPORT</b> <b>CALIFORNIA FORM 497</b>	
<b>AREA CODE/PHONE NUMBER</b> (510) 638-3414		<b>I.D. NUMBER (if applicable)</b> 743270		<b>Report No.</b> 20080131-70554753 1 2008		<b>For Official Use Only</b>  K		
<b>STREET ADDRESS</b>  CITY STATE ZIP CODE San Leandro CA 94577-3005				<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below) <b>No. of Pages</b> 1				

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/30/2008 	California Republican Party (State)  Burbank CA 91506-1727 ID: 810163	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		2000.00
01/30/2008 	John Dillon  One 17 E San Francisco CA 94107-4089 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Navis, LLC	3000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

## \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment: \_\_\_\_\_

MISC

GP

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> HOMEOWNERSHIP ISSUES FUND, SPONSORED BY NORTH STATE BUILDING INDUSTRY ASSOC.		<b>Date of This Filing</b> 01/31/2008 <b>Report No.</b> 1 <input type="checkbox"/> Amendment to Report No. (explain below) <b>No. of Pages</b> 1	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California JAN 31 2008 <b>DEBRA BOWEN</b> Secretary of State	LATE CONTRIBUTION REPORT <b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 916/473-4298	<b>I.D. NUMBER (if applicable)</b> 970790			
<b>STREET ADDRESS</b>  				
<b>CITY</b> SACRAMENTO, CA 95833	<b>STATE</b> CA	<b>ZIP CODE</b> 95833		

## Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/31/2008	EXCELLENCE IN EDUCATION - YES ON E (#1301489)  ROSEVILLE, CA 95747	SCHOOL BONDS  DRY CREEK SCHOOL DIST.	2,500.00	02/05/2008

Reason for Amendment: \_\_\_\_\_

# Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER  
SEIU Union Local 721 CTW, CLC State & Local

AREA CODE/PHONE NUMBER  
2133688660

I.D. NUMBER (if applicable)  
743794

STREET ADDRESS

CITY  
Los Angeles

STATE  
CA

ZIP CODE  
90020-0000

Date of This Filing  
01/31/2008

Report No.  
001

☐ Amendment to Report No. \_\_\_\_\_  
(explain below)

No. of Pages  
2

Date Stamp  
JAN 31 2008

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of the State of California

DEBRA BOWEN  
Secretary of State

CALIFORNIA FORM 497  
For Official Use Only

12

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

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COM - Recipient Committee (other than PTY or SCC)  
OTH - Other

PTY - Political Party  
SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

2 of 2

LATE CONTRIBUTION REPORT

## NAME OF FILER

SEIU Union Local 721 CTW, CLC State & Local

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

743794

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of  
This Filing

Report No.

☐ Amendment  
to Report No. \_\_\_\_\_  
(explain below)

No. of Pages

RECEIVED AND FILED  
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of the State of California

JAN 31 2008

DEBRA BOWEN  
Secretary of State

CALIFORNIA  
FORM 497  
For Official Use Only

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/30/2008 	Santa Ana Citizens for Democracy, Yes on Measure D: A Coalition of Teachers, Firefighters, Law Enforcement Professionals & Community Leaders Standing Up for Govt. Ethics & Reform  Los Angeles CA 90017-0000 ID: 1303011	City  Ballot: D Dist:	2500.00	02/05/2008
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_

**Slate Mailer  
Late Payment Report**

Type or print in ink.  
Amounts may be rounded to whole dollars.

**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California **SLATE MAILER LATE PAYMENT REPORT**

Date Stamp  
**JAN 31 2008**

**CALIFORNIA  
FORM 498**

For Official Use Only

☐ Amendment No. \_\_\_\_\_

Report No. LRJan31

**DEBRA BOWEN  
Secretary of State**

K

**NAME OF SLATE MAILER ORGANIZATION**

Save Proposition 13 Segregated Fund Account

AREA CODE/PHONE NUMBER OPTIONAL FAX/E-MAIL

949-249-0213

I.D. NUMBER

598040

**STREET ADDRESS**

5405 Alton Pkwy., Suite 5A-369

CITY

STATE

ZIP CODE

Irvine CA, 92604

**Late Payment(s) Received From:**

**NAME**

Friends of John Benoit

I.D. NUMBER (if applicable)

1293454

**ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

Riverside, CA 92507

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

**DATE RECEIVED:**

01/31/2008

**AMOUNT**

\$

8,074.00

**NAME OF CANDIDATE OR BALLOT MEASURE:**

John Benoit

☒ **SUPPORT**

☐ **OPPOSE**

**OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION**

State Senator; District 37

**AMOUNT ATTRIBUTED**

\$

8,074.00

**NAME OF CANDIDATE OR BALLOT MEASURE:**

☐ **SUPPORT**

☐ **OPPOSE**

**OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION**

**AMOUNT ATTRIBUTED**

\$

**NAME OF CANDIDATE OR BALLOT MEASURE:**

☐ **SUPPORT**

☐ **OPPOSE**

**OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION**

**AMOUNT ATTRIBUTED**

\$

**NAME OF CANDIDATE OR BALLOT MEASURE:**

☐ **SUPPORT**

☐ **OPPOSE**

**OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION**

**AMOUNT ATTRIBUTED**

\$

**NAME OF CANDIDATE OR BALLOT MEASURE:**

☐ **SUPPORT**

☐ **OPPOSE**

**OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION**

**AMOUNT ATTRIBUTED**

\$

**NAME OF CANDIDATE OR BALLOT MEASURE:**

☐ **SUPPORT**

☐ **OPPOSE**

**OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION**

**AMOUNT ATTRIBUTED**

\$

SM

MISC

# Slate Mailer Late Payment Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

RECEIVED AND FILED  
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of the State of California

JAN 31 2008

DEBRA BOWEN  
Secretary of State

CALIFORNIA  
FORM 498

For Official Use Only

12

☐ Amendment No. \_\_\_\_\_

Report No. LRJan31-7

## NAME OF SLATE MAILER ORGANIZATION

Save Proposition 13 Segregated Fund Account

AREA CODE/PHONE NUMBER

OPTIONAL FAX/E-MAIL

I.D. NUMBER

949-249-0213

598040

## STREET ADDRESS

5405 Alton Pkwy., Suite 5A-369

CITY

STATE

ZIP CODE

Irvine CA, 92604

## Late Payment(s) Received From:

## NAME

Hagman for Assembly

I.D. NUMBER (if applicable)

1297721

ADDRESS

CITY

STATE

ZIP CODE

R.S. Margarita, CA 92688

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

## DATE RECEIVED:

01/31/2008

## AMOUNT

\$

4,128.00

## NAME OF CANDIDATE OR BALLOT MEASURE:

Curt Hagman

☒ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

State Assembly; District 60

AMOUNT ATTRIBUTED

\$

4,128.00

## NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

## NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

## NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

## NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

## NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

SM

MISC

# Slate Mailer Late Payment Report

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SLATE MAILER LATE PAYMENT REPORT

CALIFORNIA  
FORM 498

For Official Use Only

☐ Amendment No. \_\_\_\_\_

JAN 31 2008

Report No. \_\_\_\_\_

DEBRA BOWEN  
Secretary of State

R

## NAME OF SLATE MAILER ORGANIZATION

Save Proposition 13 Segregated Fund Account

AREA CODE/PHONE NUMBER

OPTIONAL: FAX/E-MAIL

I.D. NUMBER

949-249-0213

598040

## STREET ADDRESS

5405 Alton Pkwy., Suite 5A-369

CITY

STATE

ZIP CODE

Irvine CA 92604

## Late Payment(s) Received From:

### NAME

Taxpayers for Bob Huff 2008

I.D. NUMBER (if applicable)

1292695

ADDRESS

CITY

STATE

ZIP CODE

Rancho S. M. CA 92688

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

### DATE RECEIVED:

01/31/2008

### AMOUNT

\$ 8,500.00

### NAME OF CANDIDATE OR BALLOT MEASURE:

Bob Huff

☒ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

State Senator; District 29

AMOUNT ATTRIBUTED

\$ 8,500.00

### NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

### NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

### NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

### NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

### NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

SM

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JAN 31 2008

DEBRA BOWEN  
Secretary of State

CALIFORNIA  
FORM 498

For Official Use Only

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☐ Amendment No. \_\_\_\_\_

Report No. LRJan31-2

## NAME OF SLATE MAILER ORGANIZATION

Republican Woman's Voice

## STREET ADDRESS

30011 Ivy Glenn Drive, W223

AREA CODE/PHONE NUMBER

OPTIONAL: FAX/E-MAIL

ID. NUMBER

(949) 495-3314

1293667

CITY

STATE

ZIP CODE

Laguna Niguel CA, 92677

## Late Payment(s) Received From:

NAME

Taxpayers for Bob Huff 2008

ID. NUMBER (if applicable)

1292695

ADDRESS

CITY

STATE ZIP CODE

RS Margarita, CA 92688

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED:

01/31/2008

AMOUNT

\$

7,194.00

NAME OF CANDIDATE OR BALLOT MEASURE:

Bob Huff

☒ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

State Senator; District 29

AMOUNT ATTRIBUTED

\$

7,194.00

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

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OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

MISC

SM  
Slate Mailer  
Late Payment Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

SLATE MAILER LATE PAYMENT REPORT

RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California

Date Stamp

JAN 31 2008

DEBRA BOWEN  
Secretary of State

CALIFORNIA  
FORM 498

For Official Use Only

K

☐ Amendment No. \_\_\_\_\_

Report No. LRJan31

## NAME OF SLATE MAILER ORGANIZATION

Republican Woman's Voice

## STREET ADDRESS

30011 Ivy Glenn Drive, #223

AREA CODE/PHONE NUMBER

OPTIONAL FAX/E-MAIL

I.D. NUMBER

(949) 495-3314

1293667

CITY

STATE

ZIP CODE

Laguna Niguel CA, 92677

## Late Payment(s) Received From:

NAME

I.D. NUMBER (if applicable)

Friends of John Benoit

1293454

ADDRESS

CITY

STATE ZIP CODE

Riverside, CA 92507

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED:

01/31/2008

AMOUNT

\$

6,884.00

NAME OF CANDIDATE OR BALLOT MEASURE:

John Benoit

☒ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

State Senator; District 37

AMOUNT ATTRIBUTED

\$

6,884.00

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

GP

MISC

# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

RECEIVED AND FILED

497 CONTRIBUTION REPORT

NAME OF FILER Save Our County: No on the Recall of Supervisors			Date of This Filing 01/31/08	Date Stamp in the office of the Secretary of State of the State of California	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 760-353-5958	I.D. NUMBER (if applicable) 1301387		Report No. 1	JAN 31 2008	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY El Centro	STATE CA	ZIP CODE 92243	No. of Pages 1	<b>DEBRA BOWEN</b> Secretary of State	

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/30/08	Imperial County Republican Committee  El Centro CA 92243 741752		11353.58	

Reason for Amendment \_\_\_\_\_

MD  
T-315 P 001/001 F-191  
4157327701  
From-THE SUTTON LAW FIRM  
01-31-2008 07:15pm

MISC

# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Terry Brown, Charlene Brown, Atlas Hotels		Date of This Filing 1/31/08	RECEIVED AND FILED in the office of the Secretary of the State of California JAN 31 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only R
AREA CODE/PHONE NUMBER (619) 291-2232	I.D. NUMBER (if applicable) 1245800	Report No. F08-JRS-03		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Diego, CA	STATE CA	ZIP CODE 92108		

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1/23/08	San Diego County Republican Central Committee - State Account; FPPC ID No. 741949 San Diego, CA 92119		\$2,500.00	2/5/08
	<input checked="" type="checkbox"/> SOS Political Reform Division FAX (916) 653-5045 <input checked="" type="checkbox"/> S.F. Department of Elections FAX (415) 554-7344 <input checked="" type="checkbox"/> L.A. County Registrar/Recorder FAX (562) 651-2548 <input type="checkbox"/> FAX ( ) _____			

Reason for Amendment \_\_\_\_\_